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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is an (Check one) ☒ **Initial Appointment** ☐ **Amended Statement**

Candidate Candidate Name: **Deann E Mitchell**
Address: **15985 S. Clairborne St**
Address2:
City: **Olathe** Zip: **66062**
Home Phone: **(816) 589-5159** Business Phone: **(913) 390-3805** Cell Phone: **(816) 589-5159**
County: **Johnson** Email Address: **deannmitchell4kansas@gmail.com**
Office Sought: **State Representative** District No.: **26**

Treasurer Date Appointed: **02/02/2018**
Treasurer Name: **Gregory Mitchell**
Address: **15985 S. Clairborne St**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: **(913) 244-2170** Business Phone: Cell Phone: **(913) 244-2170**
Email Address: **deannmitchell4kstreasurer@gmail.com**

Candidate Committee Date Appointed:
Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **2/17/2018 2:36:57 PM** Signature of Candidate: **Deann Elaine Mitchell**

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